



SEP-14-2004 16:04

Shire Laboratories

301 838 2501

P.02

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Complete and send this form, together with applicable fee(s), to: Mail

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

37324 7590 07/27/2004

M. ELISA LANE
SHIRE LABORATORIES INC.
1550 EAST GUDE DRIVE
ROCKVILLE, MD 20850

09/15/2004 WASFAW2 00000090 502715 10027349

01 FC:1501 1330.00 DA
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M. Elisa Lane (Depositor's name)
[Signature] (Signature)
September 14, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/027,349	12/20/2001	Beth A. Burnside	550750-200	9614

TITLE OF INVENTION: SUSTAINED RELEASE PHARMACEUTICAL DOSAGE FORMS WITH MINIMIZED PH DEPENDENT DISSOLUTION PROFILES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PRYOR, ALTON NATHANIEL	1616	424-400000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. M. Elisa LANE
2.
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Shire Laboratories, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rockville, Maryland

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2715 (enclose an extra copy of this form).

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature) *[Signature]* (Date) 9/14/04

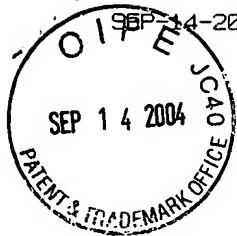
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Shire Laboratories

301 838 2501 P.01

Shire

FACSIMILE

September 14, 2004

TO:
Issue Fee Branch
USPTO

TELEPHONE:

FACSIMILE:
703 - 746-4000

FROM:
M. Elisa Lane

TELEPHONE:
301-838-2658

FACSIMILE:
301-838-2501

Re: USSN 10/027,349

Title: Docket No.: SHLI-002-003 (formerly 550750-200)
Sustained Release Pharmaceutical Dosage Forms
with Minimized pH Dependent Dissolution Profiles

Dear Sir or Madam:

Transmitted herewith is the Issue Fee Transmittal for this case. Since we are authorizing charging the payment to our Deposit Account 50-2715, an extra copy is also sent along.

Issue Fee Transmittal (2 copies): 2 pages

Thanks,

Elisa Lane

Total Pages (including this cover): 3

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